FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNILIAL DEDODT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DOCUMENT # 1. Corporation Name K.A. HOOTS CLO Principal Place of Business % KAY ARNOLD KENNY 3504 SOLANA RD COCONUT GROVE FL 33133 2. Principal Place of Business	THING, INC.	3504 SOLANA RD	VNY				18f1 8481) A18f1 818f1 488f
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		OCCUPATION CHOIL I	% KAY ARNOLD KENNY 3504 SOLANA RD COCONUT GROVE FL 33133				
2. Principal Place of Business			£ 00100		3. Date Incorporated or Qualified 12/07/1989	3a. Date of 04/	Last Report 11/1995
<u>.</u>	2a 26	. Mailing Address			4. FLI Namber 65-0163359	.1	Applied For
Suite. Apt. #, etc.		Suite, Apt. #, etc					Not Applicable 88.75 Additional
22] <u>. </u>	27				5. Certificate of Status Desired		Fee Required
Oity & State :3	28	City & State			Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be
Ζφ	Country	Zip	Co.	ıntry	8. This corporation has tability for it	ntangible tax ur	Added to Fees nder s. 199.032,
25	29 d Address of Current Regi	stored Apont	30	T	Horida Statutes Yes 10. Name and Address of New R		
5, Name an	a Address of Current Regi	stered Agent		81 Name	10, Name and Address of New K	egisterea Age	nt
KENNY, KAY ARNOL	D			82 Street Adde	ress (P.O. Box Number is Not Acceptable	ie)	
3504 SOLANA RD COCONUT GROVE F	1 22422			83			
COCONOT GROVE F	L 33133					····	
				84 City		FL 8	5 Zip Code
12.	oled name of register magest and this if	CTORS	13.	L'Agrand's grount to tro-pare-	देवच्चा मार्थिक क् ADDITIONS*CHANGES TO OFF)		
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C!'Y-S'-7IP				REEL ADDRESS LY+ST+ZIP			
 I do hereby centry that the certify that the information cath; that I am an officer o 	indicated on this annual repo	rt or supplemental and a the receiver or trusts	nished and in lual report in se empower	does not qualify for	or the exemption stated in Section 119.0 to and that my signature shall have the s s report as required by Chapter 607, Flo	carrio lacal offor	et ac if made under

SIGNATURE:

ME OF SIGNING OFFICER OF DIRECTOR KEWNY 4-2-96 305-667-2880